

1. DATE OF INCIDENT <b>17-MAR-2014</b>		TIME <b>22:05:00</b>		2. ADDRESS OF OCCURRENCE <b>6048 S SANGAMON ST, Apt ATTIC CHICAGO, IL 60621</b>		3. LOCATION CODE <b>289</b>		4. BEAT/OCCUR <b>0712</b>										
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>SABELLA</b>		7. FIRST NAME <b>ANTHONY M</b>		8. STAR NO. <b>11974</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>600</b>		12. HT. <b>210</b>		13. WT. <b>210</b>	
	14. DATE OF APPT. <b>27-AUG-2001</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>007 0772</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME <b>MAGSBY</b>		21. FIRST NAME <b>JOSHUA</b>		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>600</b>		27. WT. <b>250</b>			
	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? OTHER (SPECIFY), VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
REASON FOR USE OF FORCE (Check all that apply)	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>COOK COUNTY HOSPITAL - STROGER HOS</b>		34. BY WHOM? <b>DR</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED <b>720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16</b>				37. CB NO. <b>18856236</b>		IR NO.											
SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BOOILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER									
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLOS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER									
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION <b>SUBJECT WAS ARMED WITH A HANDGUN AND KNIFE</b>													
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>											
CASE INFO.	45. MAKE/MANUFACTURER <b>SPRINGFIELD ARMOY #1A</b>		46. MODEL <b>XD45</b>		47. BARREL LENGTH <b>4.0</b>		48. CALIBER/GAUGE <b>45 CAL</b>											
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) <b>US743827</b>		51. CHICAGO GUN REG. NO. <b>R0052655</b>		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>2</b>									
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
SIGNATURES	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>VEHICLE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
SIGNATURES	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		71. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
	72. REPORTING MEMBER (Print Name) <b>BROWN, RYAN P</b>		STAR/EMPLOYEE NO. <b>1836</b>		SIGNATURE													

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is hospitalized and being treated for his injuries at this time and is unable to be interviewed.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information that is available at this time a preliminary determination has been made that the discharges by police officer Anthony Sabella #11974 comply with department guidelines concerning deadly force in that Officer Sabella, fearing Sergeant Bryan Holy #2525 was about to be shot by the subject when he raised a firearm in the direction of Sergeant Holy during an armed standoff, fired twice at the subject wounding him twice ending the threat to the life of Sergeant Holy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1068046 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED TIME

18-MAR-2014 04:43:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- ☐ CASE REPORT  
☐ ARREST REPORT  
☐ SUPPLEMENTARY REPORT  
☒ OFFICER BATTERY REPORT  
☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)  
☐ I.O.D. REPORT  
☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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